

EXHIBIT 37

EXPERT REPORT
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582.3. Between 1998 and 2012, Endo paid the APS \$4,468,253.10.¹¹⁶²

582.4. Between 2009 and 2013, the APS was paid \$278,000.00 by Covidien and \$218,000.00 by Teva.¹¹⁶³

583. APS has maintained a “Corporate Council” program that is sponsored by opioid manufacturers. Through this program, APS “connects” members of this “Corporate Council” to “multidisciplinary leaders in the science of pain.” Members of APS’s Corporate Council include Endo, Actavis, Mallinckrodt, Purdue, and Janssen.¹¹⁶⁴

584. In addition, APS has maintained an “APS Clinical Guidelines Program” funded by opioid manufacturers. In exchange for sponsorship, opioid manufacturers are permitted “to sit on the founding members’ guideline committee and provide input into topics for guideline development, as well as suggestions of clinicians for participation in the guidelines development process, methods of dissemination/adoption, etc.”¹¹⁶⁵ Members of APS’s Guidelines Program include Purdue, Endo, and Janssen.¹¹⁶⁶

585. As described below, APS has published newsbulletins and guidelines that were authored by individuals with direct ties to opioid manufacturers and which contained the same misleading statements regarding the benefits and risks of opioids as those used by opioid manufacturers in their branded promotion.

¹¹⁶¹ JJ-SFC-00000001.

¹¹⁶² ENDO-OR-CID-00754369 at 30.

¹¹⁶³ APS-MDL00000001.

¹¹⁶⁴ TEVA_MDL_A_00499668 at 24; *see also* U.S. Senate Homeland Security & Governmental Affairs Committee, Minority Staff Report (2018), *Fueling an Epidemic (Report Two) – Exposing the Financial Ties Between Opioid Manufacturers and Third Party Advocacy Groups* at 13.

¹¹⁶⁵ ENDO-OPIOID_MDL-06234663.

¹¹⁶⁶ PKY181215749 at 14; PKY181775488.

1. APS/AAPM Guideline – The Use of Opioids for the Treatment of Chronic Pain

586. In 1997, in a joint publication with the American Academy of Pain Medicine (“AAPM”), APS and AAPM published a guideline titled “The Use of Opioids for the Treatment of Chronic Pain,”¹¹⁶⁷ containing the following misleading statements regarding opioids:

586.1. “Studies indicate that the de novo development of addiction when opioids are used for the relief of pain is low.”¹¹⁶⁸

586.2. “[E]xperience has shown that known addicts can benefit from the carefully supervised, judicious use of opioids for the treatment of pain due to cancer, surgery, or recurrent painful illnesses[.]”¹¹⁶⁹

586.3. “It is now accepted by practitioners of the specialty of pain medicine that respiratory depression induced by opioids tends to be a short-lived phenomenon, generally occurs only in the opioid-naive patient, and is antagonized by pain. Therefore, withholding the appropriate use of opioids from a patient who is experiencing pain on the basis of respiratory concerns is unwarranted.”¹¹⁷⁰

586.4. “Furthermore, for most opioids, there does not appear to be an arbitrary upper dosage limit, as was previously thought.”¹¹⁷¹

586.5. “The undertreatment of pain in today’s society is not justified. This joint consensus statement has been produced pursuant to the missions of both organizations, to

¹¹⁶⁷ PPLPC051000030818 at 2.

¹¹⁶⁸ PPLPC051000030818 at 2.

¹¹⁶⁹ PPLPC051000030818 at 2.

¹¹⁷⁰ PPLPC051000030818 at 2.

¹¹⁷¹ PPLPC051000030818 at 2.

help foster a practice environment in which opioids may be used appropriately to reduce needless suffering from pain.”¹¹⁷²

587. The authors of this guideline included those with ties to opioid manufacturers, including: J. David Haddox, M.D.,¹¹⁷³ David Joranson,¹¹⁷⁴ Richard Payne, M.D.,¹¹⁷⁵ and Richard Portenoy, M.D.¹¹⁷⁶

588. In the same year that this APS guideline was published, the following manufacturers made the following payments to APS:

588.1. For example, in 1997, Purdue reportedly paid \$48,501 and Janssen paid \$146,245 to the APS.¹¹⁷⁷

588.2. Likewise, Purdue paid \$36,800 and Janssen paid \$43,500 to the AAPM in 1997.¹¹⁷⁸

589. This guideline was used by opioid manufacturers in promoting their opioid products and opioids in general.¹¹⁷⁹

¹¹⁷² PPLPC051000030818 at 4.

¹¹⁷³ At the time, Dr. Haddox was a paid speaker for Purdue. *See, e.g.*, PKY180955294 at 1. He was subsequently employed by Purdue as the Vice President of Risk Management and Policy. J. David Haddox Depo. Tr. 57:7-18.

¹¹⁷⁴ Mr. Joranson is the former director of the University of Wisconsin Pain & Policy Study Group, which was funded by the opioid manufacturers. ENDO-OPIOID_MDL-00658641 at 2-3. The Pain and Policy Study Group also received payments from the manufacturers. *See, e.g.* ENDO-OR-CID-00754369 at 30, SFC00000001.

¹¹⁷⁵ At the time, Dr. Payne was a paid speaker for Purdue. *See, e.g.*, PKY180256893 at 1, PKY180256892 at 1, PKY180783690 at 1.

¹¹⁷⁶ At the time, Dr. Portenoy was a paid speaker for Purdue. *See, e.g.*, PKY180357269 at 1.

¹¹⁷⁷ 2012.06.08 Purdue Summary of Payments by Name and Year SFC00000001; J&J Janssen SFC 2012 Submission JAN00000001.

¹¹⁷⁸ 2012.06.08 Purdue Summary of Payments by Name and Year SFC00000001; J&J Janssen SFC 2012 Submission JAN00000001.

¹¹⁷⁹ *See, e.g.*, PKY181199494 at 17, 25; PKY181137481 at 8; ALLERGAN_MDL_02158487 at 1; ABT-MDL-KY-0009437 at 54; ENDO-OPIOID_MDL-05967764 at 1.

2. APS/AAPM/ASAM – Definitions Related to the Use of Opioids for the Treatment of Pain

590. In 2001, APS developed consensus “Definitions Related to the Use of Opioids for the Treatment of Pain” in coordination with AAPM and the American Society of Addiction Medicine (“ASAM”), containing the following misleading statement concerning pseudoaddiction: “An individual's behaviors that may suggest addiction sometimes are simply a reflection of unrelieved pain or other problems unrelated to addiction.”¹¹⁸⁰

591. In the same year that this 2001 APS/AAPM/ASAM guideline was published, the following manufacturers made the following payments to APS/AAPM/ASAM:

591.1. For example, in 2001, Purdue reportedly paid \$211,211, Janssen paid approximately \$159,000, and Endo paid \$132,400 to APS.¹¹⁸¹

591.2. Likewise, Purdue paid \$80,273, Janssen paid \$66,764, and Endo paid \$22,000 to AAPM in 2001.¹¹⁸²

591.3. That same year, Endo paid \$10,000 to ASAM.¹¹⁸³

592. It appears that Endo may have influenced the final product,¹¹⁸⁴ and that Purdue was heavily involved in the development of these definitions. Dr. Haddox noted, “Purdue has been at the forefront of efforts to promote the proper therapeutic use of opioid analgesics, including funding the very first meeting of the AAPM/APS/ASAM

¹¹⁸⁰ PDD1502210202 at 254.

¹¹⁸¹ See SFC00000001; END00000002; JAN00000001.

¹¹⁸² END00000002; JAN00000001.

¹¹⁸³ ENDO-OPIOID_MDL-06234588; JAN00000001.

¹¹⁸⁴ See END00211516.

leadership (when I was president of AAPM) to begin the collaboration that eventually led to the Consensus statement on definitions of pain and addiction.”¹¹⁸⁵

593. This guideline was used by opioid manufacturers in promoting their opioid products and opioids in general.¹¹⁸⁶

3. APS Arthritis Guidelines

594. In 2002, the APS issued “Guidelines for the Management of Arthritis Pain,” containing the following misleading statements:

594.1. “The prevalence of addiction among patients with pain who do not have a previously existing substance abuse disorder is low.”¹¹⁸⁷

594.2. “Weissman and Haddox (1989) noted that patients who are given doses of opioids that are inadequate to relieve their pain or whose opioid dose is discontinued abruptly or tapered too rapidly may develop characteristics that resemble addiction, which they termed iatrogenic ‘pseudoaddiction.’”¹¹⁸⁸

594.3. “Tolerance to analgesia is uncommon once pain relief has been achieved and there is no progression of disease.”¹¹⁸⁹

594.4. “Opioids should be used for patients with OA and RA when other medications and nonpharmacologic interventions produce inadequate pain relief and the patient's quality of life is affected by the pain.”¹¹⁹⁰

¹¹⁸⁵ PPLP003477086 at 24.

¹¹⁸⁶ See, e.g., END00212229; ENDO-OPIOID MDL-01997737; ENDO-OPIOID_MDL-02939611 at 68; END00212229; ABT-MDL-KY-0009437 at 54.

¹¹⁸⁷ PKY181215749 at 95.

¹¹⁸⁸ PKY181215749 at 95.

¹¹⁸⁹ PKY181215749 at 96.

¹¹⁹⁰ PKY181215749 at 97.

594.5. “Extensive experience and evidence in the management of chronic malignant pain supports the use of long-acting opioids to improve patient adherence, minimize medication level peaks and valleys, and minimize side effects. These advantages also appear to apply to the use of long-acting opioids in the management of arthritis pain, but the cost-effectiveness of the advantages has not been shown.”¹¹⁹¹

594.6. “The limited study data on effective doses of opioids for OA pain demonstrate efficacy at relatively low doses. Both immediate release and controlled release forms have been effective.”¹¹⁹²

595. The authors of this guideline included several with ties to opioid manufacturers, including Arthur G. Lipman, M.D.,¹¹⁹³ Margaret Caudill-Slosberg, M.D.,¹¹⁹⁴ and April Hazard Vallerand, Ph.D., R.N.¹¹⁹⁵

596. Opioid manufacturers funded the “APS Guidelines Program,” which the APS used to fund its consultants.”¹¹⁹⁶

597. This guideline was used by opioid manufacturers in promoting their opioid products and opioids in general.¹¹⁹⁷

¹¹⁹¹ PKY181215749 at 98.

¹¹⁹² PKY181215749 at 102. When Purdue had concerns about the content of APS materials, it reached out to KOLS involved in the development of the materials to confirm a favorable result for Purdue. For example, when Purdue’s Sally Riddle voiced her worries about the content of the APS Arthritis Guidelines, she communicated these to Harry Lazarus, who then spoke with the chair of the Guidelines, Art Lipman. After speaking with Dr. Lipman, Harry reported back to Sally “I don’t think you will be disappointed with the guidelines.” PPLPC009000006145; *see also* E513_00090393.

¹¹⁹³ Dr. Lipman was a consultant and paid speaker for Endo and Purdue. *See* PKY181215749 at 15.

¹¹⁹⁴ Dr. Caudill-Slosberg was a paid speaker for Purdue. *See* PKY181215749 at 15.

¹¹⁹⁵ Dr. Vallerand was a paid speaker for Purdue and Janssen. *See* PKY181215749 at 15.

¹¹⁹⁶ PKY181215749 at 15.

¹¹⁹⁷ *See, e.g.*, PPLPC012000051510 at 8, PPLPC012000051508, E01_00013311 at 2, PPLP003281201, PPLP012000063578; *see also* APS-MDL00000061 at APS-MDL00000062 (APS Arthritis Guidelines Total Distribution between 2002 and 2007: 193,308); PKY181947933 at 2.

B. American Academy of Pain Medicine

598. According to the mission statement of the American Academy of Pain Medicine (“AAPM”), its purpose is to “provide for quality care to patients suffering with pain, through education and training of physicians, and through the advancement of specialty of Pain Medicine.”¹¹⁹⁸

599. The AAPM received millions of dollars in funding from opioid manufacturers.

599.1. Between 1997 and 2012, Purdue provided more than \$2,000,000.00 in funding to the AAPM,¹¹⁹⁹ and from 2012 and 2017, AAPM received an additional \$700,000.00 from Purdue.¹²⁰⁰

599.2. Between 1997 and 2011, Janssen provided more than \$560,000.00. in funding to the AAP,¹²⁰¹ and from 2012 to 2017, Janssen funded the AAPM with an additional \$83,000.00.¹²⁰²

599.3. From 2010 to 2016, Mallinckrodt provided at least \$239,000.00 in funding to the AAPM.¹²⁰³

¹¹⁹⁸ JAN-MS-00723779.

¹¹⁹⁹ SFC00000001.

¹²⁰⁰ Fueling an Epidemic: Exposing the Financial Ties Between Opioid Manufacturers and Third Party Advocacy Groups. U.S. Senate Homeland Security & Governmental Affairs Committee, Ranking Member’s Office, PPLPC031001561047 at 5. Also available at <https://www.hsgac.senate.gov/imo/media/doc/REPORT-Fueling%20an%20Epidemic-Exposing%20the%20Financial%20Ties%20Between%20Opioid%20Manufacturers%20and%20Third%20Party%20Advocacy%20Groups.pdf>.

¹²⁰¹ JJ-SFC-00000001.

¹²⁰² Fueling an Epidemic: Exposing the Financial Ties Between Opioid Manufacturers and Third Party Advocacy Groups. U.S. Senate Homeland Security & Governmental Affairs Committee, Ranking Member’s Office, PPLPC031001561047 at 5. Also available at <https://www.hsgac.senate.gov/imo/media/doc/REPORT-Fueling%20an%20Epidemic-Exposing%20the%20Financial%20Ties%20Between%20Opioid%20Manufacturers%20and%20Third%20Party%20Advocacy%20Groups.pdf>.

¹²⁰³ CHI_000441993 at 18.